

Attorney's Docket No. BIS-022

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "CATHETER APPARATUS AND METHODOLOGY FOR GENERATING A FISTULA ON-DEMAND BETWEEN CLOSELY ASSOCIATED BLOOD VESSELS AT A PRE-CHOSEN ANATOMIC SITE IN-VIVO",

the specification of which: (check one)
_____ is attached hereto:

XX was filed on March 15, 1996 as Application Serial
No. 616,588 :

_____ was amended on _____ (if applicable) :

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority claimed

.....NONE.....
(Number) (Country) (Day/month/year/filed) Yes No

.....NONE.....
(Number) (Country) (Day/month/year/filed) Yes N

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

.....NONE.....
(Application Serial No.) (Filing Date) (Status)

.....NONE.....
(Application Serial No.) (Filing Date) (Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith; and, in addition, to act as Agent on my behalf before the competent International Authorities and before the National Authorities for any designated countries in connection with any and all international applications filed or to be filed by the undersigned.

David Prashker
Registration Number 29,693

SEND CORRESPONDENCE TO:

David Prashker, P.C.
P.O. Box 67
Brookline, Massachusetts
02146

DIRECT TELEPHONE CALLS TO:

David Prashker, Esq.
(617) 232-7509

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first inventor: William E. Cohn

Inventor's signature: William E. Cohn Date: 6-21-96

Residence: Chestnut Hill, Massachusetts Citizenship: U.S.

Post Office Address: 104 Lagrange
Chestnut Hill, Massachusetts 02167

Full name of second inventor: Ducksoo Kim

Inventor's signature: Ducksoo Kim Date: 6-21-96

Residence: Dover, Massachusetts Citizenship: U.S.

Post Office Address: 9 Cedarhill Road
Dover, Massachusetts 02030

Applicant or Patentee: William E. Cohn & Ducksoo Kim Attorney's
Serial or Patent No.: 616,588 Docket No.: BIS-022
Filed or Issued: March 15, 1996
For: "CATHETER APPARATUS AND METHODOLOGY FOR GENERATING A FISTULA ON-
DEMAND BETWEEN CLOSELY ASSOCIATED BLOOD VESSELS AT A PRE-CHOSEN
ANATOMIC SITE IN-VIVO"

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9 (f) and 1.27 (b)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled as above described in

☐ the specification filed herewith
☒ application serial no. 616,588 filed March 15, 1996
☐ patent no. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

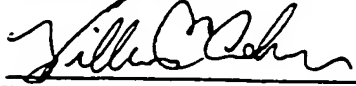
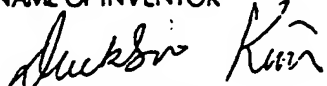
☐ no such person, concern, or organization
☒ persons, concerns or organizations listed below

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME	<u>Beth Israel Hospital Association Inc.</u>		
ADDRESS	<u>330 Brookline Avenue, Boston, MA 02215</u>		
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME	*****		
ADDRESS	*****		
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME	*****		
ADDRESS	*****		
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

<u>William E. Cohn</u>	*****	<u>Ducksoo Kim</u>
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
	*****	
Signature of Inventor	Signature of Inventor	Signature of Inventor
<u>6.21.96</u>	*****	<u>6.21.96</u>
Date	Date	Date

Applicant or Patentee: William E. Cohn & Ducksoo Kim Attorney's
Serial or Patent No.: 616,588 Docket No.: BIS-022
Filed or Issued: March 15, 1996
For: "CATHETER APPARATUS AND METHODOLOGY FOR GENERATING A FISTULA ON-DEMAND BETWEEN CLOSELY ASSOCIATED BLOOD VESSELS AT A PRE-CHOSEN ANATOMIC VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9 (i) and 1.27 (d)) - NONPROFIT ORGANIZATION SITE IN-VIVO"

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION Beth Israel Hospital Association Inc.
ADDRESS OF ORGANIZATION 330 Brookline Avenue
Boston, Massachusetts 02215

TYPE OF ORGANIZATION

- ☐ University or other institution of higher education
☒ Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3))
☐ Nonprofit scientific or educational under statute of state of The United States of America
(Name of state _____)
(Citation of statute _____)
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3)) if located in The United States of America
☐ Would qualify as nonprofit scientific or educational under statute of state of The United States of America if located in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9 (e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled as above by inventor(s) _____ described in _____

- ☐ the specification filed herewith
☒ application serial no. 616,588 filed March 15, 1996
☐ patent no. _____ issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9 (d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME NONE
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION
NAME NONE
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Michael Lanner
TITLE IN ORGANIZATION Director, Office for Research Administration
ADDRESS OF PERSON SIGNING Beth Israel Hospital, 330 Brookline Avenue
Boston, Massachusetts 02215

✓ SIGNATURE Michael Lanner ✓ DATE 6-24-96

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Cohn et al.

Art Unit: 3731

Serial No.: 09/134,995

Examiner: K. Truong

Filed: August 17, 1998

For: Catheter Apparatus and
Methodology for Generating a Fistula
On-Demand Between Closely Associated
Blood Vessels at a Prechosen Anatomic
Site In-Vivo

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
(REVOCATION OF PRIOR POWERS)**

Beth Israel Hospital Association, Inc., a Massachusetts Corporation, as assignee of the entire right, title and interest in and to the above-identified United States Patent Application and the invention(s) disclosed therein, does hereby state and instruct as follows:

REVOCATION OF PRIOR POWERS OF ATTORNEY

All powers of attorney previously given are hereby revoked and

NEW POWER OF ATTORNEY

The following attorney(s) and/or agent(s) are hereby appointed to conduct all further prosecution of the above-identified patent application and to transact all business in the Patent and Trademark Office connected therewith on behalf of Beth Israel Hospital Association, Inc.. ROBERT D. BUYAN, Reg. No. 32,460, Frank J. Uxa, Reg. No. 25,612; Donald E. Stout, Reg. No. 34,493; Kerton R. Mullins, Reg. No. 38,331, Guy L. Cumberbatch, Reg. No. 36,114; Jo Anne M. Ybaben, Reg. No. 42,243; and Philip H. Haymond, Reg. No. 38,177, all of the firm STOUT, UXA, BUYAN & MULLINS, LLP. Please direct all future correspondence and telephone calls to: Robert D. Buyan, Stout, Uxa, Buyan & Mullins, LLP, 4 Venture, Suite 300, Irvine, CA 92618; telephone (949) 450-1750, facsimile (949) 450-1764, email: rbuyan@patlawyers.com.

Beth Israel Hospital Association, Inc., Assignee of Entire Interest

Signature: Mark Chalek

Date: 3/12/00

Mark Chalek

Director, Office of Corporate Research